



Yellow Fever

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster
Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Investigation
start date: ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name _____

Zip code (school or occupation): _____ Phone _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Back ache

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Prostration

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Viral encephalitis in past (e.g. dengue, SLE, WNV)

☐ ☐ ☐ ☐ Neonatal

☐ ☐ ☐ ☐ Delivery location: _____

☐ ☐ ☐ ☐ Pregnant

☐ ☐ ☐ ☐ Estimated delivery date ____/____/____

☐ ☐ ☐ ☐ OB name, address, phone: _____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Prostration

☐ ☐ ☐ ☐ Slow weak pulse

☐ ☐ ☐ ☐ **Hepatitis**

☐ ☐ ☐ ☐ **Jaundice**

☐ ☐ ☐ ☐ Liver failure

☐ ☐ ☐ ☐ Renal abnormality or failure

☐ ☐ ☐ ☐ Hemorrhagic symptoms

☐ Epistaxis ☐ Gingival bleeding

☐ Hematemesis ☐ Melena

☐ Other: _____

☐ ☐ ☐ ☐ Shock

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Yellow fever or Japanese encephalitis vaccine in past

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Yellow fever antibodies with \geq 4-fold rise (acute and convalescent serum pair) with no recent history of yellow fever vaccination and no cross reaction with other flaviviruses**

☐ ☐ ☐ ☐ ☐ **Yellow fever virus, genome or antigen (tissue, blood or other body fluid)**

☐ ☐ ☐ ☐ ☐ **Albuminuria**

☐ ☐ ☐ ☐ ☐ Leukopenia

☐ ☐ ☐ ☐ ☐ Antibodies detected but < 4-fold rise [probable]

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:

Exposure period

-6

-3

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ If infant, birth mother had febrile illness
☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
☐ ☐ ☐ ☐ If infant, breast fed
☐ ☐ ☐ ☐ In area with mosquito activity

Date/Location: _____

Remember mosquito bite ☐ Y ☐ N ☐ DK ☐ NA

Date/Location: _____

Y N DK NA

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Employed in laboratory

☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)

Date of receipt: __/__/__

☐ ☐ ☐ ☐ Organ or tissue transplant recipient

Date of receipt: __/__/__

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: __/__/__

Agency and location: _____

Specify type of donation: _____

PUBLIC HEALTH ACTIONS

☐ Breastfeeding education provided

☐ Notify blood or tissue bank

☐ Other, specify: _____

NOTES

Investigator _____

Phone/email: _____

Investigation complete date __/__/__

Local health jurisdiction _____

Record complete date __/__/__